

26-55-101. Title.

This chapter is known as the "Emergency Administration of Opiate Antagonist Act."

Enacted by Chapter 130, 2014 General Session

26-55-102. Definitions.

As used in this chapter:

(1) "Health care facility" means a hospital, a hospice inpatient residence, a nursing facility, a dialysis treatment facility, an assisted living residence, an entity that provides home- and community-based services, a hospice or home health care agency, or another facility that provides or contracts to provide health care services, which facility is licensed under Chapter 21, Health Care Facility Licensing and Inspection Act.

(2) "Health care provider" means:

(a) a physician as defined in Section 58-67-102;

(b) an advanced practice registered nurse as defined in Subsection 58-31b-102(13); or

(c) a physician assistant as defined in Section 58-70a-102.

(3) "Opiate" is as defined in Section 58-37-2.

(4) "Opiate antagonist" means naloxone hydrochloride or any similarly acting drug that is not a controlled substance and that is approved by the federal Food and Drug Administration for the treatment of a drug overdose.

(5) "Opiate-related drug overdose event" means an acute condition, including a decreased level of consciousness or respiratory depression resulting from the consumption or use of a controlled substance, or another substance with which a controlled substance was combined, and that a person would reasonably believe to require medical assistance.

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26-55-103. Voluntary participation.

This chapter does not create a duty or standard of care for a person to prescribe or administer an opiate antagonist.

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26-55-104. Authority to obtain and use an emergency opiate antagonist -- Immunity from liability.

(1) (a) Except as provided in Subsection (1)(b), a person other than a health care facility or health care provider who acts in good faith to administer an opiate antagonist to another person whom the person believes to be suffering an opiate-related drug overdose event is not liable for any civil damages or acts or omissions made as a result of administering the opiate antagonist.

(b) A health care provider:

(i) does not have immunity from liability under Subsection (1)(a) when the health care provider is acting within the scope of the health care provider's responsibilities or

duty of care; and

(ii) does have immunity from liability under Subsection (1)(a) if the health care provider is under no legal duty to respond and otherwise complies with Subsection (1)(a).

(2) Notwithstanding Sections 58-1-501, 58-17b-501, and 58-17b-502, a health care provider who is licensed to prescribe or dispense an opiate antagonist may, without a prescriber-patient relationship, prescribe or dispense an opiate antagonist without liability for any civil damages or acts or omissions made as a result of prescribing or dispensing an opiate antagonist in good faith, to:

(a) an individual who is at increased risk of experiencing or who is likely to experience an opiate-related drug overdose event; or

(b) a family member of, friend of, or other person who may be in a position to assist an individual who may be at increased risk of experiencing or who is likely to experience an opiate-related drug overdose event.

(3) A person who prescribes or dispenses an opiate antagonist shall provide education to the individual described in Subsection (2)(a) or (b) that includes instructions to take the person who received the opiate antagonist to an emergency care facility for a medical evaluation.

Enacted by Chapter 130, 2014 General Session